

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL078096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/17/2015
NAME OF PROVIDER OR SUPPLIER B & B ASSISTED LIVING # 5		STREET ADDRESS, CITY, STATE, ZIP CODE 2133 PRESTON ROAD MAXTON, NC 28364		
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{C 000}	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on September 17, 2015 from 12:45 PM to 1:45 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies are as follows:	{C 000}		
{C 112}	Construction-Res. Areas Same Floor Level SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (i) In homes licensed on or after April 1, 1984, all required resident areas shall be on the same floor level. Steps between levels are not permitted. This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having floors that are not on the same level, and inadequate ramps. This would affect the residents by not allowing safe egress in an emergency. Findings include: Ramps to transition the uneven floors are inadequate in the following locations: a) Ramp from kitchen to Living Room is barely a foot long, yet rises about 5 inches to the kitchen. b) Ramp from kitchen to corridor is about 6 inches long, yet it rises about 4 inches and has no handrails, The corridor bathroom floor drops 3 inches at the toilet and tub area, yet no ramp or handrails are provided.	{C 112}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 112}	Continued From page 1 This is not in conformance with the requirement that all ramps be constructed to 1 foot in length for every inch of rise. 9/17/2015: SF-After review the existing conditions and previous construction reviews, this citation has been revised. a.) Due to the layout of the floor, no change is requested for the ramp from the kitchen to the living room. Should any complaints arise, this ramp will be revisited to determine alternative solutions to the floor change. b.) A carpet strip has been adhered to the sloped floor at the transition from the kitchen to the corridor. Observations made during this survey determined that the slope is insignificant and does not pose a tripping hazard. Should any complaints arise, this ramp will be reevaluated. c.) Observations revealed that the step down in the hall bath was a tripping hazard. Per a 2011 survey, the bathroom had a moveable ramp which is no longer in place. To minimize the hazard, install a floor mounted handgrip or rail from the wall beside the toilet along the edge of the drop off. This will provide a handgrip for the toilet and a rail for the Residents to use to assist in the step down. Install a caution strip along the edge of the step to identify the floor level change. If complaints arise in the future, this configuration will be reevaluated.	{C 112}		
{C 129}	Bedrooms-Not More Than Two Residents SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (e) The total number of residents assigned to a bedroom shall not exceed the number authorized by the Division of Facility Services for that particular bedroom. (f) A bedroom shall not be occupied by more	{C 129}		

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{C 129}	Continued From page 2 than two residents. This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having more than two residents living in one bedroom. Findings include: The following issues were noted: a) There are three beds set up in the far right bedroom, b) The front center bedroom, originally set up for two residents, has been vacated and is now being used for storage, c) Though the house is licensed for six residents there are only facilities set up for four residents. 09/17/15: SF-This citation is voided. Per the 1992 Family Care Home Rules in place when this facility was licensed, bedrooms could accommodate up to three Residents provided there was adequate square footage. This room meets the square foot requirements and, therefore, may have three beds.	{C 129}		
{C 142}	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. Based on observation, the building Exit illumination was not maintained in a safe manner. This would affect all residents by not having adequate illumination to egress the building in an emergency. Findings include:	{C 142}		

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{C 142}	Continued From page 3 The corridor has no night lights to provide illumination. 09/17/15: SF-Interview with Staff revealed that the hall lights were left on at night. However, to avoid accidentally switching off the lights, install night lights in the hallways. Provide documentation of the repairs in the form of photos or copies of receipts.	{C 142}		
{C 169}	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it. This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not installed in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not detecting smoke, activating the fire alarm, and directing residents from the building. Findings include:	{C 169}		

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{C 169}	Continued From page 4 The smoke detectors in the bedrooms are not sounding when smoke is released. 09/17/2015: SF-Observations revealed that the smoke detectors for Residents 1, 2 and 6 did not sound when sprayed with canned smoke. Have a qualified technician repair or replace the smoke detectors in the facility so that when any one detector is activated, all of the smoke detectors sound. Provide documentation of the repairs in the form of copies of receipts or work orders.	{C 169}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 2. Based on observation, the building mechanical exhaust equipment was not maintained operating in accordance with the Licensure Rules and Building Code in effect when the facility was initially licensed. This would affect all residents by not providing removal of exhaust. Findings include: a. There is a damaged back draft damper on the left side of the house. 09/17/2015: SF-At the time of this survey, the dryer duct was observed coming out of the crawl space through a crawl space vent. The duct was	{C 174}		

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{C 174}	<p>Continued From page 5</p> <p>open and did not have a back draft damper attached. Have a qualified technician install a back draft damper for the dryer exhaust. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>3. Based on observation, egress from all areas was not maintained in a safe manner by having bedroom windows that will not remain open or are stuck shut. This would affect the residents by not allowing free egress in an emergency.</p> <p>Findings include: The windows are stuck shut or will not stay open in Bedroom 6.</p> <p>09/17/15: SF-Observations revealed that the widow in Bedroom 6 would not stay open. Have a qualified technician repair the window. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>5. Based on observation, the facility was not maintained in a safe manner by having damaged exterior vinyl siding. This could affect all residents by allowing moisture to deteriorate the wood siding.</p> <p>Findings include: The exterior vinyl siding is damaged in the following locations: a) Right end of the house, b) Back side of the house.</p> <p>09/17/15: SF-At the time of this survey, the siding had not been repaired. Have a qualified technician repair the siding. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p> <p>6. Based on observation, the facility was not</p>	{C 174}		

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{C 174}	<p>Continued From page 6</p> <p>maintained in a safe manner by having nails backing out on exterior ramp. This could affect all residents by exposing them to a trip and cut hazard.</p> <p>Findings include: The exterior ramp has nails backing out presenting a trip and cut hazard.</p> <p>09/17/15: SF-Observations revealed that the board at the first post on the ramp was warped and curling at the ends so that the nails were pulling loose. Have a qualified technician replace the damaged board and secure the nails. Provide documentation of the repairs in the form of photos or copies of receipts or work orders.</p>	{C 174}		